



VOLUNTEER INTEREST QUESTIONNAIRE



Thank you for inquiring about volunteer opportunities at the Amarillo VA Health Care System. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be contacted by a staff member in the Department of Voluntary Service with a position that matches your interests, skill and availability. Please print:

Inputs marked * are required fields

***Date:** ____/____/____

***Name** (Last, First, MI): _____

***DOB** ____/____/____

***Address:** _____ ***City, State** _____

***Primary Phone Number:** _____

***E-Mail Address:** _____

***Are you at least 18 years of age?** ☐ Yes ☐ No

Please choose your availability from the following shifts:

Weekday Morning (8am-12pm or 9am-1pm)

Weekday Afternoon (12p-4p or 1p-5p)

Weekday Evening (4p-7:30p) only for applicable volunteer positions

Saturday or Sunday (8am-4pm) only for applicable volunteer positions

***Select all that apply:**

☐ Weekday mornings

☐ 1-2 Days a Week

☐ Weekday afternoons

☐ 2-3 Days a Week

☐ Weekday evenings

☐ 3-4 Days a Week

☐ Saturday or Sunday

☐ 5 Days a Week

***Are you currently a college student?** ☐ Yes ☐ No

***Are you fulfilling a school requirement?** ☐ Yes ☐ No (If Yes, please explain below)

***Please select your employment status?**

☐ Full-time

☐ Part-time

☐ Retired

☐ Self-employed

☐ Unemployed

***What type of volunteer position interests you?**

☐ Direct Patient Contact

☐ Limited Patient Contact

☐ No Patient Contact



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*Are you available to commit to volunteering for at least six months? ☐ Yes ☐ No

*What attracts you to Amarillo VA Health Care System volunteer program?

*Is your commitments long term or short term volunteering?

☐ Short-term goals: _____
☐ Long-term goals: _____

Is there a particular type of volunteer position that interests you? ☐ Yes ☐ No (If yes, please explain below)

Please return completed form to:

Amarillo VA Health Care System
Voluntary Service (135)
6010 Amarillo Blvd West
Amarillo, TX 79106

FOR OFFICE USE ONLY:

Comments: _____

Approved: ☐ Yes ☐ No

Orientation Date: ____/____/____

Received by VAVS staff: _____ Date: ____/____/____